

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14528

BIRTH NO.		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 2400		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Van Buren			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville.		c. LENGTH OF STAY (In this place) 3 das		c. CITY OR TOWN Bonaparte		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital				e. STREET ADDRESS (If rural, give location) Bonaparte 8178			
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) E.		c. (Last) Noske		4. DATE OF DEATH (Month) (Day) (Year) June 3, 1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 16, 1891	
9. AGE (In years last birthday) 63		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Harness Maker		10b. KIND OF BUSINESS OR INDUSTRY Harness Shop		11. BIRTHPLACE (City and State or Foreign Country) Bonaparte, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Emil Noske		13b. MOTHER'S MAIDEN NAME Louise Naunam		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. I W. W. I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Meek, Bonaparte, Iowa			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Continued internal bleeding and shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable gastric or duodenal ulcer. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS After eight transfusions, patient still in shock. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 Days	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 5400				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1955, to June 3, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 5:20 a.m., from the causes and on the date stated above.							
22a. SIGNATURE Earl Laughlin Jr.		(Degree or title) D.O.		22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED June 3, 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/3/55		24c. NAME OF CEMETERY OR CREMATORY Bonaparte Cemetery		24d. LOCATION (City, town, or county) (State) Bonaparte, Iowa	
DATE REC'D BY LOCAL REG. 6-3-55		REGISTRAR'S SIGNATURE Kate Lambert		GENERAL DIRECTOR'S SIGNATURE Frank H. Jiles		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Harold E. Hayes*

Licensed Embalmer No. *489*

P. O. Address *Kirkville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.